Application No.	
1 1	

I. General Information:		
Name:		
Job Title:		
Series/Grade:		
Full Performance Level of Position:		
District/Division:		
Branch/Section:		
Signatures:		
Signature of Applicant	Date	
		·
Signature of Applicant's Supervisor	Date	
D		
Printed Name and Title of Applicant's Supervisor		

Application No.	
4 4	

II. Course(s) requested:

Name of Institution	Course Title and Number*	Quarter/ Semester Hours	Day/ Evening Class	Start and End Dates	Approximate Cost**
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^{*} Note type of training (e.g., correspondence course) if other than a classroom course.

Have you previously received an award under this program?

If complete course information is not available at the time this application is filled out, please give general course descriptions.

J	,	
Yes	No	
-	the above question was yes, please indicate the amount of the courses it was awarded for, when the courses were considered with the course were courses were considered with the course were courses were considered with the course were considered were courses were considered with the course were considered with the	,
	l *if grades were given):	ompieted, and

^{**} Show cost of tuition, books, and supplies. Estimate as best as possible if specific information is not available.

Application No.	
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III. Career Goals

A. Clearly define your short-term career goals (1-3 years).

B. Clearly define your long-term goals (3-10 years).

Application No.	

IV. Evaluation Criteria

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Address the	e tallawing	evaluation	criteria i	n the	order presented:
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A.	Elaborate on how the requested courses will help you achieve your career goal
	and benefit the BLM.

B. Demonstrated initiative for self-development (i.e., community involvement, volunteer work, etc).

C. Demonstrated ability to effectively communicate both orally and in writing.